

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
**DECENT, SAFE, AND SANITARY INSPECTION
 REPORT**

RW 10-40 (REV 10/2002)

CONFIDENTIAL

This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.

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FULL NAME(S) OF CLAIMANT(S)

ADDRESS OF REPLACEMENT PROPERTY

DISTRICT-COUNTY-ROUTE	PARCEL NUMBER	EA NUMBER	FEDERAL PROJECT NUMBER
TYPE OF REPLACEMENT	LIVING AREA, ROOM COUNT & VALUE OF REPLACEMENT		
SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/>	TOTAL NO. OF OCCUPANTS	TOTAL NO. OF ROOMS	TOTAL NO. OF BEDROOMS
APARTMENT <input type="checkbox"/> ROOM <input type="checkbox"/>			PURCHASE PRICE
MOBILE HOME <input type="checkbox"/> OTHER <input type="checkbox"/>	NO. OF BED ROOMS NEEDED	HABITABLE SQ. FT.	TOTAL NO. BATHROOMS (WITH TUB OR SHOWER)
			MONTHLY RENTAL

GENERAL CONDITION OF REPLACEMENT DWELLING

	YES	NO		YES	NO		YES	NO
BUILDING IS STRUCTURALLY SOUND	<input type="checkbox"/>	<input type="checkbox"/>	HAS ADEQUATE ROOM DIVISION	<input type="checkbox"/>	<input type="checkbox"/>	PROPER HEATING SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING IS WEATHER & DAMP PROOF	<input type="checkbox"/>	<input type="checkbox"/>	ALL ROOMS PROPERLY VENTILATED	<input type="checkbox"/>	<input type="checkbox"/>	HAS TWO SAFE EXITS	<input type="checkbox"/>	<input type="checkbox"/>
IS CLEAN, SANITARY, WELL MAINTAINED	<input type="checkbox"/>	<input type="checkbox"/>	HAS ADEQUATE WATER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	HAS AN OPERABLE SMOKE DETECTOR	<input type="checkbox"/>	<input type="checkbox"/>
HAS ADEQUATE WALLS, FLOORS, CEILINGS	<input type="checkbox"/>	<input type="checkbox"/>	HAS ADEQUATE WATER SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	EACH ROOM HAS ARTIFICIAL LIGHT	<input type="checkbox"/>	<input type="checkbox"/>
HAS PROPER CEILING HEIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	PORCHES, STAIRWAYS, RAILINGS ARE SAFE	<input type="checkbox"/>	<input type="checkbox"/>			

PROFESSIONAL TESTING RECOMMENDED:

	YES	NO		YES	NO		YES	NO
LEAD CONTAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	INTERIOR MOLD	<input type="checkbox"/>	<input type="checkbox"/>	CARBON MONOXIDE	<input type="checkbox"/>	<input type="checkbox"/>
WATER HEATER and/or STRAPPING	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

KITCHEN FEATURES

	YES	NO		YES	NO		YES	NO
HAS ROOM OR AREA FOR KITCHEN USE	<input type="checkbox"/>	<input type="checkbox"/>	SINK PROPERLY CONNECTED TO SEWER / SEPTIC	<input type="checkbox"/>	<input type="checkbox"/>	REFRIG SPACE WITH UTILITY CONNECT	<input type="checkbox"/>	<input type="checkbox"/>
SINK IN GOOD WORKING ORDER	<input type="checkbox"/>	<input type="checkbox"/>	ALL ROOMS PROPERLY VENTILATED	<input type="checkbox"/>	<input type="checkbox"/>	RANGE SPACE WITH UTILITY CONNECT	<input type="checkbox"/>	<input type="checkbox"/>

BATHROOM FEATURES

	YES	NO		YES	NO		YES	NO
HAS SEPARATE BATHROOM AREA	<input type="checkbox"/>	<input type="checkbox"/>	PROVIDES PRIVACY TO USER	<input type="checkbox"/>	<input type="checkbox"/>	HAS FLUSH WATER	<input type="checkbox"/>	<input type="checkbox"/>
ALL FIXTURES IN GOOD WORKING ORDER	<input type="checkbox"/>	<input type="checkbox"/>	HAS PROPER LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>	TUB/SHOWER HAS HOT/COLD WATER	<input type="checkbox"/>	<input type="checkbox"/>
ALL FIXTURES CONNECTED TO SEWER	<input type="checkbox"/>	<input type="checkbox"/>	HAS PROVEN VENTILATION	<input type="checkbox"/>	<input type="checkbox"/>	LAVATORY HAS HOT/COLD WATER	<input type="checkbox"/>	<input type="checkbox"/>

DWELLING DOES NOT PASS INSPECTION: This dwelling was inspected and found NOT to be in compliance with the standards of decent, safe, and sanitary housing according to the rules and regulations of the California Department of Transportation and 49 CFR Part 24. The following deficiencies have been noted:

- _____
- _____
- _____

DWELLING PASSES INSPECTION: I have inspected the replacement dwelling unit at the address above. Based on the criteria set forth in Federal Regulations 49 CFR Part 24, the dwelling unit appears to conform to the standards for decent, safe, and sanitary housing. The sole purpose of the inspection is to determine if the displacee has met the minimum requirements in finding replacement property that qualifies for the Replacement Housing Payment as set forth in the Conditional Entitlement Letter.

SIGNATURE OF RIGHT OF WAY AGENT

DATE INSPECTED

**DECENT, SAFE, AND SANITARY INSPECTION
REPORT (Cont.)**RW 10-40 (REV 10/2002)

DISPLACEE ACKNOWLEDGES that statements, findings, decisions, and conclusions appearing in the foregoing are made solely for the purpose of determining my/our eligibility for payments for the replacement housing and are not intended to be, nor do such constitute, warranties or guarantees by the State of California, the California Department of Transportation and the offices, agents, and employees thereof, that the dwelling is decent, safe, and sanitary.

SIGNATURE OF DISPLACEE

DATE